

EXHIBIT A-2

OXFORD HEALTH PLANS

Oxford Health Insurance, Inc.

Outpatient Prescription Drug Rider

This Rider has been selected by your Group and provides benefits for outpatient Prescription Drug Products. Because this Rider is part of a legal document, We want to give you information about the document that will help you understand it. Certain capitalized words have special meanings. We have defined these words in the Definitions Section of your Certificate of Coverage as well as the Definitions Section of this Rider.

When We use the words "We", "Us", and "Our" in this document, We are referring to Oxford Health Insurance, Inc. When We use the words "you" and "your" We are referring to Members as the term is defined in your Certificate of Coverage.

Section 1 - Covered Items

Subject to the Exclusions in Section 4 of this Rider, the cost of Medically Necessary Prescription Drug Products will be Covered if they are FDA approved, ordered by a Physician, within the approved FDA administration and dosing guidelines and are dispensed by a Pharmacy. Benefits are available for Prescription Drug Products on our Prescription Drug List at a Network Pharmacy. Coverage may be available at a non-Network Pharmacy if your Group has purchased this coverage. Covered Prescription Drug Products will be subject to the Out-of-Pocket Expense identified on your Summary of Benefits. Please refer to your Summary of Benefits to determine your Out-of-Pocket Expense and whether coverage is available at non-Network Pharmacies.

Covered Prescription Drug Products include, but are not limited to:

- Self-injectible Prescription Drug Products
- Inhalers (with spacers)
- Topical dental preparations
- Pre-natal vitamins, vitamins with fluoride and single entity vitamins
- Prescription osteoporosis drugs and devices approved by the FDA for the treatment of osteoporosis
- Nutritional supplements (formulas) for the therapeutic treatment of phenylketonuria, branched-chain ketonuria, galactosemia and homocystinuria
- Non-prescription enteral formulas for home use for which a Physician has issued a written order. The written order must state that the enteral formula is Medically Necessary as a disease-specific treatment regimen for diseases which include but are not limited to: inherited diseases of amino acid or organic acid metabolism; Chron's disease; gastroesophageal motility such as chronic intestinal pseudo-obstruction; and multiple severe food allergies. Nutritional supplements that are taken electively are not Covered.
- Modified solid food products that are low in protein or which contain modified protein are Covered, when Medically Necessary to treat certain inherited diseases of amino acid

and organic acid metabolism not to exceed the maximum listed on your Summary of Benefits.

- Prescription Drug Products for the treatment of correctible medical conditions which result in infertility will be Covered at the same level as benefits for any other sickness.

Refills of Prescription Drug Products are Covered only when dispensed as ordered by a Physician and only after $\frac{3}{4}$ of the original Prescription Drug Product has been used.

Section 2 – Benefit Information

1. **Out-of-Pocket Expenses:** You are responsible for paying the costs outlined in your Summary of Benefits when Covered Prescription Drug Products are obtained from the retail pharmacy or mail order supplier (if mail order coverage has been purchased). Please refer to your Summary of Benefits to determine if your Plan includes coverage for mail order.

Unless otherwise stated in your Summary of Benefits, these costs will not be included in calculating the Plan Out-of-Pocket Maximum stated in your Summary of Benefits.

You are responsible for paying the full cost (the amount the pharmacy charges you) for any non-Covered drug product, and Our contracted rates (Our Prescription Drug Cost) will not be available to you.

Out-of-Pocket Expenses for a Covered Prescription Drug Product can be either a specific dollar amount or a percentage of the Prescription Drug Cost. Out-of-Pocket Expenses are determined by the type of Plan your Group has purchased, as follows:

- If you have a single option plan design, you will pay the same Out-of-Pocket Expense for all Covered Prescription Drug Products.
- If you have a dual option plan design, you will have a lower Out-of-Pocket Expense for Generic Drugs and a higher Out-of-Pocket Expense for Brand-Name Drugs.
- If you have a triple tier plan design, your Out-of-Pocket Expense will be lowest for Prescription Drug Products on Tier 1 and highest for Prescription Drug Products on Tier 3. Your Out-of-Pocket Expense for Prescription Drug Products on Tier 2 will be more than for Tier 1 but less than Tier 3.

Please see your Summary of Benefits for the Out-of-Pocket Expenses required as part of your Prescription Drug Plan and to determine if your Plan includes coverage at non-Network Pharmacies.

2. **Network Pharmacies:** For Prescription Drug Products at a retail Network Pharmacy, you are responsible for paying the lower of:
 - the applicable Out-of-Pocket Expense; or
 - the Network Pharmacy's Usual and Customary Charge (which includes a dispensing fee and sales tax) for the Prescription Drug Product.

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You must either show your ID card at the time you obtain your Prescription Drug Product at a Network Pharmacy or you must provide the Network Pharmacy with identifying information that can be verified by Us during regular business hours.

If you do not show your ID card or provide verifiable information at a Network Pharmacy, you will be required to pay the Usual and Customary Charge for the Prescription Drug Product at the pharmacy. You may seek reimbursement from Us, however when you submit a claim on this basis, you may pay more because you failed to verify your eligibility when the Prescription Drug Product was dispensed. The amount you are reimbursed will be based on the Prescription Drug Cost, less the required Out-of-Pocket Expense identified on your Summary of Benefits.

In the event that no Network Pharmacy is able to provide the Covered Prescription Drug Product, and cannot order the Prescription Drug Product within a reasonable time, you may, with Our prior written approval, go to a non-Network Pharmacy that is able to provide the Prescription Drug Product. We will pay you the Prescription Drug Cost for such approved Prescription Drug Product less the required Out-of-Pocket Expense upon receipt of a Prescription Drug Claim form.

3. **Non-Network Pharmacies:** If your Plan includes coverage for Prescription Drug Products purchased at a retail non-Network Pharmacy you must pay for the Prescription Drug Product at the time it is dispensed and then file a claim for reimbursement with Us. We will not reimburse you for the difference between the Prescription Drug Cost and the non-Network Pharmacy's Usual and Customary Charge (which includes a dispensing fee and sales tax) for that Prescription Drug Product. In most cases you will pay more if you obtain Prescription Drug Products from a non-Network Pharmacy. Please refer to your Summary of Benefits to determine if you have coverage at a non-Network Pharmacy.
4. **Designated Pharmacies:** If you require certain Prescription Drug Products, including, but not limited to, Specialty Prescription Drug Products, we may direct you to a Designated Pharmacy with whom we have an arrangement to provide those Prescription Drug Products.

If you are directed to a Designated Pharmacy and you choose not to obtain your Prescription Drug Product from a Designated Pharmacy, you will not have coverage for that Prescription Drug Product or your coverage will be subject to the non-Network Benefit for that Prescription Drug Product (if available). Please refer to your Summary of Benefits document to determine if you have non-Network benefits for Prescription Drug Products.

Following are the therapeutic classes of Prescription Drug Products that will be included in this program:

- Hepatitis B, Hepatitis C
- Multiple Sclerosis

- Rheumatologic and related conditions (Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Juvenile Rheumatoid Arthritis, Psoriasis)
- Growth Hormone
- Anemia, neutropenia, thrombocytopenia
- Infertility
- HIV/AIDS
- Transplant
- Oral Oncology
- Pulmonary Arterial Hypertension
- Osteoporosis
- Cystic Fibrosis
- Gaucher's Disease
- Iron Overload
- Endocrine disorders/Neurologic disorders such as infantile spasms
- Hemophilia
- Enzyme Deficiencies/Liposomal Storage Disorders
- Immune Modulator
- Immune Deficiency
- Parkinson's Disease

5. **Tier Status:** The tier status of a Prescription Drug Product may change periodically. Changes will generally be quarterly, but no more than six times per Calendar Year, based on the PDL Management Committee's periodic tiering decisions. When such changes occur, your Out-of-Pocket Expense may change. You may access the most up to date tier status on Our web site or by calling the Customer Care number on your ID card.
6. **Supply Limits:** Benefits for Prescription Drug Products are subject to the supply limits that are stated in your Summary of Benefits. Some Prescription Drug Products may be subject to quantity limits based on criteria that We have developed, subject to Our periodic review and modification. The limit may restrict the amount dispensed per Prescription Order or Refill and/or the amount dispensed per month's supply.

Additionally, certain Prescription Drug Products may be designated as eligible for Our voluntary half tablet program. This program provides the opportunity to reduce your Prescription Drug Product Out-of-Pocket Expenses by up to 50% by using higher strength tablets and splitting them in half. If you are taking an eligible Prescription Drug Product, and you would like to participate in this program, please call your Physician to see if the half tablet program is appropriate for

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your condition. If your Physician agrees, he or she must write a new prescription for your medication to enable your participation.

You can determine whether a Prescription Drug Product has been assigned a maximum quantity level for dispensing or is eligible for the voluntary half tablet program by accessing Our web site or by calling Customer Care at the telephone number on your ID card.

7. **Mail Order:** Certain Prescription Drug Products may be ordered through Our mail order supplier if your Group has purchased this coverage. If your Group has purchased mail order coverage, you are responsible for paying the lower of:
- the applicable Out-of-Pocket Expense; or
 - the Prescription Drug Cost for that Prescription Drug Product.

Prescription Drug Products purchased through mail order will be delivered directly to your home or office. You must pay the applicable Out-of-Pocket Expense listed on your Summary of Benefits. The required Out-of-Pocket Expense will be based on a 90-day supply. To maximize your benefit, ask your Physician to write your Prescription Order or Refill for a 90-day supply with refills when appropriate. You will be charged the mail order Out-of-Pocket Expense for any Prescription Orders or Refills sent to the mail order supplier regardless of the number of days supply written on the Prescription Order or Refill. Be sure your Physician writes your Prescription Order or Refill for a 90-day supply, not a 30-day supply with three refills.

Please refer to your Summary of Benefits to determine if your Plan includes coverage for mail order.

8. **When a Brand Name Drug Becomes Available As a Generic:** When a Generic becomes available for a Brand Name Prescription Drug Product, the tier placement of the Brand Name Prescription Drug Product may change. If this happens, you will pay the Out-of-Pocket expense applicable for the tier to which the Prescription Drug Product is assigned as outlined on your Summary of Benefits.

Section 3 – Terms of Coverage

1. **Tier Structure:** Our Prescription Drug List (PDL) Management Committee is authorized to make tier placement changes on Our behalf. The PDL Management Committee makes the final classification of an FDA-approved Prescription Drug Product to a certain tier by considering a number of factors, including, but not limited to, clinical and economic factors regarding Members as a general population. Whether a particular Prescription Drug Product is appropriate for an individual Member is a determination that is made by the Member and the prescribing Physician. Clinical factors may include, but are not limited to, evaluation of the place in therapy, relative safety or relative efficacy of the Prescription Drug Product, as well as whether supply limits or Precertification requirements should apply. Economic factors

may include, but are not limited to, available rebates, and assessments on the cost effectiveness of the Prescription Drug Product.

The tier status of a Prescription Drug Product may change periodically. Changes will generally be quarterly, but no more than six times per Calendar Year, based on the PDL Management Committee's periodic tiering decisions. These changes may occur without prior notice to you. As a result of such changes you may be required to pay more or less for that Prescription Drug Product. Please access Our web site or call the Customer Care number on your ID card for the most up to date tier status.

2. **Precertification:** Certain Prescription Drug Products will be Covered in accordance with Our applicable Medical Policy if they are determined by Us to be Medically Necessary for their intended use as evidenced by the **advance written approval of Our Medical Director**. The Prescription Drug Products that require Precertification on the attachment titled "Prescription Drug Products Requiring Precertification". This information is also available through the Internet at www.myuhc.com or by calling *Customer Care* at the telephone number on your ID card.

We also reserve the right to require Precertification for any new drug on the market or of any currently available drug which undergoes a change in prescribing protocols and/or indications regardless of the therapeutic classification.

In addition, certain Prescription Drug Products may be designated as Step Therapy Drugs. This means that before coverage for such Prescription Drug Product will be provided, you must have tried one or more "prerequisite" Prescription Drug Products. If it is Medically Necessary for you to use a Step Therapy Drug as an initial medication, your Physician can request initial coverage as a medical exception. Confirmation of whether a drug is a Step Therapy Drug can be obtained through Our web site or by calling Customer Care at the number on your ID card.

To initiate the Precertification process, your Physician must contact Us and provide all relevant clinical data. If Precertification has been granted you will be responsible for the applicable Out-of-Pocket Expense listed in your Summary of Benefits. Should you choose to purchase the medication without obtaining Precertification, you must pay for the cost of the entire drug and submit a claim to Us for reimbursement. **Claims for reimbursement of such drugs will be subject to a Precertification penalty of 50%.**

3. **Limitation on Selection of Pharmacies:** If We determine that you may be using a Prescription Drug Product in a harmful or abusive manner, or with harmful frequency, your selection of Network Pharmacies may be limited. If this happens, We may require you to select a single Network Pharmacy that will provide and coordinate all future pharmacy services. Benefits will be paid only if you use the designated single Network Pharmacy. If you don't make a selection

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within 31 days of the date we notify you, we will select a single Network Pharmacy for you.

4. **Rebates and Other Payments to Us:** We conduct various utilization management activities designed to ensure appropriate prescription drug usage, to avoid inappropriate usage and to encourage the use of cost effective drugs. Through these efforts, your Group and its members benefit by obtaining appropriate prescription drugs in a cost-effective manner. The cost savings resulting from these activities are reflected in the premiums for your coverage. We may, from time to time, also enter into agreements that result in Us receiving rebates or other funds ("rebates") directly or indirectly from prescription drug manufacturers, prescription drug distributors or others. Any rebates are based upon utilization of Prescription Drug Products across all of Our business and not solely on any on Member's or Group's utilization of Prescription Drug Products.

Any rebates received by Us may or may not be applied, in whole or part, to reduce premiums either through an adjustment to claims costs or as an adjustment to the administrative expenses component of Our prescription drug premiums. Any such rebates may instead be retained by Us, at Our discretion, in whole or in part, in order to fund such activities, including but not limited to, as new utilization management activities, community benefit activities and increasing reserves for the protection of subscribers. Rebates will not change or reduce the amount of any Out-of-Pocket Expenses applicable under Our prescription drug coverage.

Section 4 – Exclusions

In addition to the Exclusions listed in your Certificate of Coverage, the following are excluded from coverage under this Rider:

1. Prescription Drug Products obtained from a non-Network Pharmacy, unless your Group has purchased such coverage. Please refer to your Summary of Benefits to see if your Group has purchased Out-of-Network coverage for Prescription Drug Products.
2. Coverage for Prescription Drug Products for the amount dispensed (days' supply or quantity limit) which exceeds the supply limit. Any prescription refilled in excess of the number specified by the Physician; refilled too soon or in excess of therapeutic limits; or any refill dispensed after one year from the Physician's original order.
3. Prescription Drug Products dispensed outside of the United States, including its possessions or the countries of Canada and Mexico, except as required for Emergency treatment.
4. Drugs which are prescribed, dispensed or intended for use while you are an inpatient in a Hospital, Skilled Nursing Facility, or Alternate Facility.
5. Experimental or Investigational Services and medications; medications used for experimental indications and/or dosage regimens determined by Us to be experimental, investigational or unproven unless approved by an external appeal agent. Please see the "Utilization Review Appeal" section of your Certificate for your appeal rights.

Important: If an External Appeal Agent approves coverage of an experimental or investigational treatment that is part of a clinical trial, We will only Cover the cost of services required to provide treatment to you according to the design of the trial. We will not be responsible for the costs of investigational drugs or devices, the costs of non-health care services, the costs of managing research, or costs which would not be Covered under this Certificate for non-experimental or non-investigational treatments provided in such clinical trial.

This exclusion does not apply to drugs for the treatment of cancer that have not been approved by the Federal Food and Drug Administration for that indication, if the drug has been prescribed for a Member who has been diagnosed with cancer, provided the drug is recognized for treatment of the specific type of cancer for which the drug has been prescribed in one of the following established reference compendia: (i) the American Medical Association Drug Evaluations; (ii) the American Hospital Formulary Service Drug Information; or (iii) the United States Pharmacopeia Drug Information; or recommended by review article or editorial comment in a major peer reviewed professional journal.

This exception does not provide coverage for any experimental or investigational drugs or any drug which the Federal Food and Drug Administration has determined to be contraindicated for treatment of the specific type of cancer for which the drug has been prescribed.

6. Prescription Drug Products furnished by the local, state or federal government. Any Prescription Drug Product to the extent payment or benefits are provided from the local, state or federal government (for example Medicare) whether or not payment or benefits are received, except as otherwise provided by law.
7. Prescription Drug Products for any condition, injury, sickness or mental illness arising out of, or in the course of, employment for which benefits are provided under any Workers' Compensation Law or other similar laws.
8. A specialty medication Prescription Drug Product (including, but not limited to, immunizations and allergy serum) which, due to its characteristics, as determined by Us, must typically be administered or supervised by a qualified provider or licensed/certified health professional in an outpatient setting.
9. Durable Medical Equipment. Prescribed and non-prescribed outpatient supplies, other than inhaler spacers and drugs for the treatment of osteoporosis specifically stated as Covered.
10. Unit dose packaging of Prescription Drug Products.

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11. Prescription Drug Products used for cosmetic purposes. Please note, all denials for these items are based on Medical Necessity. If coverage is denied, you are entitled to a Utilization Review Appeal.
12. Prescription Drug Products, including new Prescription Drug Products or new dosage forms that are determined to not be a Covered Service.
13. Prescription Drug Products as a replacement for a previously dispensed Prescription Drug Product that was lost, misused, stolen, broken or destroyed.
14. Diabetic Equipment and Supplies. Coverage for diabetic equipment and supplies is provided as part of your medical benefits. Please refer to your Certificate of Coverage for an explanation of these benefits.
15. Non-FDA approved legend drugs, non-legend drugs and drugs available over-the-counter which do not require a Prescription Order or Refill by federal or state law before being dispensed. Any Prescription Drug Product that is therapeutically equivalent to an over-the-counter drug unless Medically Necessary. Prescription Drug Products that are comprised of components available in Over-the-Counter form or equivalent.
16. Compounded drugs that do not contain at least one ingredient that requires a Prescription Order or Refill. Compounded drugs that contain at least one ingredient that requires a Prescription Order or Refill will be assigned to either Tier 2 or Tier 3.
17. New Prescription Drug Products and/or new dosage forms until the date they are reviewed and assigned to a tier by the PDL Management Committee.
18. Vitamins, hematinics, minerals and supplements, even if ordered by a Physician, unless specifically listed in the Covered Items section of this Rider.
19. Charges for the administration or injection of any drug.
20. Immunization agents, biological sera, blood or blood plasma.
21. Allergens and allergy serums.
22. Oral and topical prescription antiseptics.
23. Prescription weight loss aids other than those used for the treatment of morbid obesity. Weight loss drugs that are used in the treatment of morbid obesity are automatically Covered under the Prescription Drug Plan. Please note, all denials for these items are based on Medical Necessity. If coverage is denied, you are entitled to a Utilization Review Appeal.
24. Prescription Drug Products for smoking cessation. Please note, all denials for these items are based on Medical

Necessity. If coverage is denied, you are entitled to a Utilization Review Appeal.

25. Growth hormone for children with familial short stature (short stature based upon heredity and not caused by a diagnosed medical condition) unless Medically Necessary. If coverage is denied, you are entitled to a Utilization Review Appeal.

Section 5 – Definitions

This section defines the terms used throughout this rider. Other defined terms used in this rider can be found in the Definitions Section of your Certificate of Coverage. This section is not intended to describe benefits.

Brand-Name: a Prescription Drug Product that (1) is manufactured and marketed under a trademark or name by a specific drug manufacturer; or (2) that We identify as a Brand-Name Product, based on available data resources including, but not limited to, First DataBank, that classify drugs as either brand or generic based on a number of factors. You should know that all products identified as a "brand name" by the manufacturer, pharmacy, or your Physician may not be classified as Brand-Name by Us.

Designated Pharmacy - a pharmacy that has entered into an agreement with us or with an organization contracting on our behalf, to provide specific Prescription Drug Products, including, but not limited to, Specialty Prescription Drug Products. The fact that a pharmacy is a Network Pharmacy does not mean that it is a Designated Pharmacy.

Generic: a Prescription Drug Product that (1) is chemically equivalent to a Brand-Name drug; or (2) that we identify as a Generic product based on available data resources including, but not limited to, First DataBank, that classify drugs as either brand or generic based on a number of factors. You should know that all products identified as a "generic" by the manufacturer, pharmacy, or your Physician may not be classified as a Generic by us.

Network Pharmacy: a pharmacy that has:

- entered into an agreement with us or our designee to provide Prescription Drug Products to Members;
- agreed to accept specified reimbursement rates for dispensing Prescription Drug Products; and
- has been designated by us as a Network Pharmacy.

A Network Pharmacy can be either a retail or home delivery pharmacy for Plans that include coverage for mail order. Please refer to your Summary of Benefits to determine if your Plan includes coverage for mail order.

New Prescription Drug Product: a Prescription Drug Product or new dosage form of a previously approved Prescription Drug Product, for the period of time starting on the date the Prescription Drug Product or new dosage form is approved by the FDA, and ending on the earlier of the following dates:

- the date it is assigned to a tier by our PDL Management Committee; or

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- December 31st of the following Calendar Year.

Prescription Drug Cost: the rate We have agreed to pay Our Network Pharmacies, including a dispensing fee and any sales tax, for a Covered Prescription Drug Product dispensed at a Network Pharmacy. If your Plan includes coverage at non-Network Pharmacies, the Prescription Drug Cost for a Prescription Drug Product dispensed at a non-Network Pharmacy is calculated using the Prescription Drug Cost that applies for that particular Prescription Drug Product at most Network Pharmacies.

Prescription Drug List (PDL): the list that identifies those Prescription Drug Products for which Coverage may be available under this rider. This list is subject to Our periodic review and modification (generally quarterly, but no more than six times per Calendar Year). You may determine to which tier a particular Prescription Drug Product has been assigned through Our web site or by calling the Customer Care number on your ID card.

PDL Management Committee: the committee that We designate for, among other responsibilities, classifying Prescription Drug Products into specific tiers.

Prescription Drug Product: a medication, product or device that has been approved by the Food and Drug Administration and that can, under federal or state law, be dispensed only pursuant to a Prescription Order or refill. A Prescription Drug Product includes a medication that, due to its characteristics, is appropriate for self-administration or administration by a non-skilled caregiver.

Prescription Drug Product does not include medical supplies, drugs, medications, injections or intravenous therapies (i) provided at a hospital; (ii) provided in connection with any home care benefit under the Certificate; or (iii) that must be administered by a physician or physician-supervised health professional.

Prescription Order or Refill: the directive to dispense a Prescription Drug Product issued by a duly licensed health care provider whose scope of practice permits issuing such a directive.

Usual and Customary Charge: the usual fee that a pharmacy charges individuals for a Prescription Drug Product without reference to reimbursement to the pharmacy by third parties.

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Oxford Health Plans Insurance, Inc.

Patient Protection and Affordable Care Act (PPACA) Preventive Care Medications Addendum

As described in this addendum, Benefits for Preventive Care Medications described in the *Outpatient Prescription Drug Rider* are modified as stated below.

Because this addendum is part of a legal document (the Group Enrollment Agreement), we want to give you information about the document that will help you understand it. Certain capitalized words have special meanings. We have defined these words in the *Certificate of Coverage* and in this addendum below.

Benefits for Preventive Care Medications

Benefits under the *Outpatient Prescription Drug Rider* include those for Preventive Care Medications as defined below. You may determine whether a drug is a Preventive Care Medication through the internet at www.myuhc.com or by calling *Customer Care* at the telephone number on your ID card.

Defined Terms

The following definition of Preventive Care Medications is added to the *Outpatient Prescription Drug Rider*:

Preventive Care Medications – the medications that are obtained at a Network Pharmacy with a Prescription Order or Refill from a Physician and that are payable at 100% of the Prescription Drug Cost (without application of any Copayment, Coinsurance, Annual Deductible, Annual Drug Deductible or Specialty Prescription Drug Product Annual Deductible) as required by applicable law under any of the following:

- Evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the *United States Preventive Services Task Force*.
- With respect to infants, children and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the *Health Resources and Services Administration*.
- With respect to women, such additional preventive care and screenings as provided for in comprehensive guidelines supported by the *Health Resources and Services Administration*.

You may determine whether a drug is a Preventive Care Medication through the internet at www.myuhc.com or by calling *Customer Care* at the telephone number on your ID card.

Copayments, Deductibles and Coinsurance

The Covered Services described in this amendment are provided at 100% when received In-Network. If Out-of-Network coverage is available, the Covered Services described in this amendment will be subject to the Out-of-Network Copayment or Coinsurance listed in your Summary of Benefits for Outpatient Prescription Drugs. All Out-of-Network Covered Services are also subject to any applicable Plan Deductibles, benefit limits and UCR Reimbursement as identified on your Summary of Benefits.

Miscellaneous Provisions

This Amendment forms a part of the Agreement between Oxford Health Insurance, Inc. ("Us") and the group. Unless otherwise agreed to in writing between Us and the group, this Amendment becomes effective on the date the Agreement becomes effective.

This Amendment supersedes any amendment or rider providing coverage described above previously issued by Us. In the event of a conflict between the provisions of this Amendment and the Certificate, the provisions of this Amendment will prevail. All other terms and conditions of the Certificate remain in full force and effect.